₹ ⊠ ⊠	NSWER EACH OF THESE QUESTIONS induct and certain other "excepted trusts" se, or a dependent child? (See instructions, Yes instructions of a spouse or dependent child he Committee on Standards of Official Yes instructions.	spous	T INFORA ittee on Stand trust benefitin arned income, s you have firs	DENT, OR TRUS approved by the Comn report details of such a t any other assets, "une o not answer "yes" unlea	TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child? (See Instructions, page 8.)  EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Standards of Official Conduct.
	each "Yes" response.	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	and the a	must be answerec	Each question in this part I
<b>№</b>	\$5,000 from Yes	VI. Did you receive compensation of more than \$5,000 from a single source in the two prior years? If yes, complete and attach Schedule VI.	<b>S</b>	eport.  Yes	III. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period?  If yes, complete and attach Schedule III.
No  X	rangement Yes	V. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule V.	§ []	earned" any period? Yes	ii. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? If yes, complete and attach Schedule II.
N <sub>o</sub>	pefore the date or two years? Yes	IV. Did you hold any reportable positions on or before the date of filing in the current calendar year or in the prior two years? If yes, complete and attach Schedule IV.	8	aries or Yes	I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? If yes, complete and attach Schedule I.
		E QUESTIONS	OF THES	ANSWER EACH OF THESE QUESTION	PRELIMINARY INFORMATION — A
assessed les more	A \$200 penalty shall be assessed against anybody who files more than 30 days late.	n. Nev Zelo Check if Amendment	Date of Election:	State: Louis District: 4  Employing Office:	Status Candidate for the House of Representatives D New officer or E
0	(Office Use Only)				
	2009 DEC -2 PM 1:55	Telephone: <i>641 -202 -33</i> 22	Daytime		Name: Billy Dale Maske
	CC 700V 2.5 2009	<b>FORM B</b> For use by candidates and new employees		RESENTATIVES MENT November 15, 2009	UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT Period covered: January 1, 2008 - November 15,

# SCHEDULE I—EARNED INCOME (INCLUDING HONORARIA)

Name Billy Dale Maske

Page 3 of **57** 

List the source, type and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below.

Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

Source (include date of receipt for honoraria)  Type  X/Z Corporation, Houston, Texas  X/Z Trade Association, Chicago, IL. (Rec'd December 2)  Harris County, Texas Public Schools  There's hate 35 Community School, Truro, IA  Southwestern County and School, Truro, IA  There's hate 35 Community School, Truro, IA  Southwestern County and School, Truro, IA  There's hate 35 Community School, Truro, IA  Spouse Salary  There's hate 35 Community School, Truro, IA  Spouse Salary  There's hate 35 Community School, Truro, IA  Spouse Salary  There's hate 35 Community School, Truro, IA  Spouse Salary  There's hate 35 Community School, Truro, IA  Spouse Salary  There's hate 35 Community School, Truro, IA  Spouse Salary  There's hate 35 Community School, Truro, IA  Spouse Fee	Salary Director's Fee Honorarium Spouse Salary  Spouse Fee  Spouse Fee	Edition the Count Amount Current Year to Filling \$6,300 NA	Decemby For.  Preceding Year \$28,450 \$3,200 \$1,000 NA 103,177.54 N/A N/A
	Spouse Fre	N/A	N/ <b>4</b>

#### JT 211 Luick Ln. S., Belmond, IA DC, Examples: asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held If you so choose, you may indicate that an \$5,000 or less in personal savings accounts; U.S. Government retirement programs. any financial interest in or income derived from Exclude: Your personal residence(s) (unless Block A. For additional information, see state the name of the business, the nature of an active business that is not publicly traded, by your spouse, or by you or your spouse's there is rental income); any debt owed to you instruction booklet. its activities, and its geographic location in its value at the end of the reporting period. For and income information on each asset in the that are self directed (i.e., plans in which you exceeding \$1,000 at the end of the reporting (JT), in the optional column on the far left. child, parent, or sibling; any deposits totalling For retirement plans that are not self-directed account that exceeds the reporting threshold. the specific investments), provide the value other retirement plans (such as 401(k) plans) Provide full names of stocks and mutual funds property or land, provide a complete address. "unearned" income during the year. For rental income which generated more than \$200 in period, and (b) any other asset or sources of production of income with a fair market value name the institution holding the account and have the power, even if not exercised, to select (do not use ticker symbols). For **all IRAs** and Identify (a) each asset held for investment or Unen State Bonk Roth IRA / Security Benefit 164 Lake Shore Dr., Nashua, TA Roth IRA | Security Benefit Asset and/or Income Source HPERS Simon & Schuster Mega Corp. Stock 1st Bank of Paducah, KY accounts BLOCK A None Þ of reporting year. If you use a only because it generated reporting year and is included If an asset was sold during the method used. market value, please specify the valuation method other than fair Indicate value of asset at close ncome, the value should be \$1 - \$1,000w × × C Indefinite \$1,001 - \$15,000 × \$15,001 - \$50,000 O Value of Asset \$50,001 - \$100,000 m BLOCK B × × × \$100,001 - \$250,000 T) <u>o</u> \$250,001 - \$500,000 I \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 \$5,000,001 - \$25,000,000 ے \$25,000,001 - \$50,000,000 ス Over \$50,000,000 NONE during calendar year by checking the appropriate box do not allow you to choose specif-Check all columns that apply. For retirement plans or accounts that asset did not generate any income even if reinvested, should be below. Dividends and interest, ic investments, you may write "NA." listed as income. Check "None" if IRAs, indicate the type of income For all other assets Including all × DIVIDENDS RENT × Type of Income × INTEREST CAPITAL GAINS BLOCK C EXCEPTED/BLIND TRUST Royalties Other Type of Income (Specify: For Example, Partnership Income or Farm Income) × None × \$1 - \$200= \$201 - \$1,000 = Current Year \$1,001 - \$2,500 assets, including all IRAs, indicate the catemay write "NA" for income. For all other generated. Check "None" if no income was earned or gory of income by checking the appropriate allow you to choose specific investments, you reinvested, should be listed as income. box below. Dividends and interest, even if For retirement plans or accounts that do not × \$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 Amount of Income \$100,001 - \$1,000,000 × \$1,000,001 - \$5,000,000 BLOCK D Over \$5,000,000 × ĭ None × \$1 - \$200 = × \$201 - \$1,000 ≡ Preceding Year \$1,001 - \$2,500 X V VI VII VIII X $\times \times$ \$2,501 - \$5,000 × × \$5,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$1,000,000 × \$1,000,001 - \$5,000,000 Over \$5,000,000

## SCHEDULE II—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Billy Dale Maske

Page 5 of 37

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IPERS VALLE	- wells Farya Adv. Sm. Cap	- Rydex SGI midesp Value	- Royce Value	- Janus Oversees	- Dreyfus Midego Value	- Calamos Growth	- wells Fago Adu Sm.(ep	- Ryder 56 I Mideap Walke	- Royce Value	- Janus Oversees	- Dreyfus Mideap Value	- Calamos Growth	403 B / Security Benefit		BLOCK A  Asset and/or Income Source
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														Other Type of Income (Specify)	BLOCK C  Type of Income
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#### SCHEDULE III — LIABILITIES

Name Billy Dale Maske

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or your spouse. Report revolving charge accounts (i.e., credit cards) only if the balance at the close of the previous calendar year exceeded \$10,000. amount owed during the reporting period. Exclude: Any mortgage on your personal residence (unless there is rental income); loans secured by automobiles, Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest household furniture, or appliances; liabilities of a business in which you own an interest; and liabilities owed to a spouse, or the child, parent, or sibling of you

		7	9	I	<b>48</b>	
		Chase, Columbus, OH	U.S. Bank, Humboldt, IA	Example:   First Bank of Wilmington, Delaware	Creditor	
		211 Luick Ln. S., Belmard, IA	164 Lake Shore Dr. Noshua, IA	Mortgage on 123 Main Street, Dover, Del.	Type of Liability	
					\$10,001— \$15,000 <b>©</b>	
			×		\$15,001— \$50,000 <b>೧</b>	
					\$50,001— \$100,000	
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					\$500,001— \$1,000,000 <b>ດ</b>	Amount of Liabilit
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#### SCHEDULE IV — POSITIONS

prise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States cer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enter-Report all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year and in the two prior years as an offi-

and positions solely of an honorary nature Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as a political party or campaign organization);

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### SCHEDULE V—AGREEMENTS

1

Name Billy Date Maske

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Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

	Date	Parties To	Terms of Agreement
	8/77	IPERS and BIII Maske	Continued participation in a de sixed binest
			retirement plan.
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# SCHEDULE VI—COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of such compensation received by you or your business affiliation for services provided directly by you during the *two* prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise, or any nonprofit organization if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. Government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule I.

Source (Name and Address)	Brief Description of Duties	
Example: Doe Jones & Smith, Hometown, Homestate	Accounting services	- 1
		1
		1